



Development Services Department
66 Union Street South
P.O. Box 308
Concord, NC 28026
Phone (704) 920-5152 Fax (704) 786-1212

Application for Sign Permit

Date _____

Permit # _____

APPLICANT NAME: _____ COMPANY NAME: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NUMBER OF APPLICANT: _____

SIGN CONTRACTOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER OF CONTRACTOR: _____

NAME OF BUSINESS SIGN IS FOR: _____

PROJECT ADDRESS: _____

IF APPLICABLE, SUBDIVISION/DEVELOPMENT NAME: _____

PROJECT IS: RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL

SIGN TYPE:

WALL SIGN SIZE: _____ SQUARE FOOTAGE: _____ QTY. _____

GROUND SIGN SIZE: _____ SQUARE FOOTAGE: _____ QTY. _____

PANEL CHANGE SIGN SIZE: _____ SQUARE FOOTAGE: _____ QTY. _____

BANNER PERMIT SIZE: _____ SQUARE FOOTAGE: _____ QTY. _____

ILLUMINATED: YES NO

START AND COMPLETION DATES: _____

COMMERCIAL WALL SIGNS – MAXIMUM AREA IS 1 SQUARE FOOT PER LINEAR FOOT OF BUILDING WALL FACING A PUBLIC STREET.

PROVIDE LINEAR FOOTAGE OF STOREFRONT: _____

SUBMISSION OF SIGN DRAWINGS AND RENDERINGS DRAWN TO SCALE ARE REQUIRED. ADDITIONALLY, PROVIDE BUILDING ELEVATIONS.

SIGNATURE OF APPLICANT: _____

COMPLETED BY STAFF:

COC PERMIT # _____

PIN # _____

ZONING _____

STAFF MEMBER: _____